



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/13/2006

Business ID: 456358

William M. Gardner

Secretary of State

BRADEN PROPERTY HOLDINGS, LLC

19 RALSTON ST , PO BOX 571

KEENE , NH 03431

ADDRESS OF PRINCIPAL OFFICE:

19 RALSTON ST , PO BOX 571

KEENE , NH 03431

REGISTERED AGENT AND OFFICE:

GREEN, DOUGLAS F., ESQ

50 WASHINGTON ST , PO BOX 666

KEENE , NH 03431

ENTITY TYPE: LLC

BUSINESS ID: 456358

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 200651172

REAL EST.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address C/O AL BRADEN, MANAGING PARTNER, 2810 W. FRESCO DR., AUSTIN, TX 78731

☒ The new principal office address C/O AL BRADEN, MANAGING PARTNER, 2810 W. FRESCO DR., AUSTIN, TX 78731

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. AL BRADEN

STREET 2810 W. FRESCO DR.

CITY/STATE/ZIP AUSTIN TX 78731

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. AL BRADEN

STREET 2810 W. FRESCO DR.

CITY/STATE/ZIP AUSTIN TX 78731

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: AL BRADEN

Please print name and title of signer: AL BRADEN / MANAGER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529